

<b>SCC eFile</b>	<b>2013 ANNUAL REPORT</b> <b>COMMONWEALTH OF VIRGINIA</b> <b>STATE CORPORATION COMMISSION</b>	<b>213563275</b>			
<div style="display: flex; justify-content: space-between;"> <div style="width: 60%;"> <p>1.) CORPORATION NAME:  <b>Piedmont Family Young Men's Christian Association, Inc.</b></p> <p>2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:  <b>DENNIS BLANK</b>  <b>674 HILLSDALE DR.</b>  <b>STE. 4</b></p> <p><b>CHARLOTTESVILLE, VA</b></p> <p>3.) CITY OR COUNTY OF VA REGISTERED OFFICE:  <b>ALBEMARLE COUNTY</b></p> <p>4.) STATE OR COUNTRY OF INCORPORATION:  <b>VA</b></p> </div> <div style="width: 35%;"> <p>DUE DATE: <b>9/30/2013</b></p> <p>SCC ID NO: <b>04334256</b></p> <p>5.) STOCK INFORMATION</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;">CLASS</td> <td style="width: 50%;">AUTHORIZED</td> </tr> </table> </div> </div>			CLASS	AUTHORIZED	
CLASS	AUTHORIZED				
<p>6.) PRINCIPAL OFFICE ADDRESS:</p> <p style="margin-left: 40px;">ADDRESS: 674 Hillsdale Dr. Ste. 4</p> <p style="margin-left: 40px;">CITY/ST/ZIP: CHARLOTTESVILLE, VA 22901</p>					
<p>7.) DIRECTORS AND PRINCIPAL OFFICERS: All directors and principal officers must be listed. An individual may be designated as both a director and an officer.</p>					
<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; vertical-align: top;"> NAME: KURT J KRUEGER  TITLE: PRESIDENT  ADDRESS: 310 FOURTH STREET NE SUITE 300  PO BOX 1288  CITY/ST/ZIP/CO: CHARLOTTESVILLE, VA 22902 </td> <td style="width: 5%; text-align: center; vertical-align: middle;"> <input checked="" type="checkbox"/> </td> <td style="width: 40%; text-align: center; vertical-align: middle;"> OFFICER <input checked="" type="checkbox"/> DIRECTOR </td> </tr> </table>			NAME: KURT J KRUEGER TITLE: PRESIDENT ADDRESS: 310 FOURTH STREET NE SUITE 300 PO BOX 1288 CITY/ST/ZIP/CO: CHARLOTTESVILLE, VA 22902	<input checked="" type="checkbox"/>	OFFICER <input checked="" type="checkbox"/> DIRECTOR
NAME: KURT J KRUEGER TITLE: PRESIDENT ADDRESS: 310 FOURTH STREET NE SUITE 300 PO BOX 1288 CITY/ST/ZIP/CO: CHARLOTTESVILLE, VA 22902	<input checked="" type="checkbox"/>	OFFICER <input checked="" type="checkbox"/> DIRECTOR			
<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; vertical-align: top;"> NAME: WILLIAM G WARDLE JR  TITLE: VICE PRESIDENT  ADDRESS: 3044 BEAUMONT FARM ROAD  CITY/ST/ZIP/CO: CHARLOTTESVILLE, VA 22901 </td> <td style="width: 5%; text-align: center; vertical-align: middle;"> <input checked="" type="checkbox"/> </td> <td style="width: 40%; text-align: center; vertical-align: middle;"> OFFICER <input checked="" type="checkbox"/> DIRECTOR </td> </tr> </table>			NAME: WILLIAM G WARDLE JR TITLE: VICE PRESIDENT ADDRESS: 3044 BEAUMONT FARM ROAD CITY/ST/ZIP/CO: CHARLOTTESVILLE, VA 22901	<input checked="" type="checkbox"/>	OFFICER <input checked="" type="checkbox"/> DIRECTOR
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<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; vertical-align: top;"> NAME: SUZANNE BROOKS  TITLE: OFFICER  ADDRESS: PO BOX 9035  CITY/ST/ZIP/CO: CHARLOTTESVILLE, VA 22906 </td> <td style="width: 5%; text-align: center; vertical-align: middle;"> <input checked="" type="checkbox"/> </td> <td style="width: 40%; text-align: center; vertical-align: middle;"> OFFICER <input checked="" type="checkbox"/> DIRECTOR </td> </tr> </table>			NAME: SUZANNE BROOKS TITLE: OFFICER ADDRESS: PO BOX 9035 CITY/ST/ZIP/CO: CHARLOTTESVILLE, VA 22906	<input checked="" type="checkbox"/>	OFFICER <input checked="" type="checkbox"/> DIRECTOR
NAME: SUZANNE BROOKS TITLE: OFFICER ADDRESS: PO BOX 9035 CITY/ST/ZIP/CO: CHARLOTTESVILLE, VA 22906	<input checked="" type="checkbox"/>	OFFICER <input checked="" type="checkbox"/> DIRECTOR			
<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; vertical-align: top;"> NAME: STEPHEN T MCLEAN  TITLE: DIRECTOR  ADDRESS: 503 FAULCONER DRIVE  CITY/ST/ZIP/CO: CHARLOTTESVILLE, VA 22903 </td> <td style="width: 5%; text-align: center; vertical-align: middle;"> <input type="checkbox"/> </td> <td style="width: 40%; text-align: center; vertical-align: middle;"> OFFICER <input checked="" type="checkbox"/> DIRECTOR </td> </tr> </table>			NAME: STEPHEN T MCLEAN TITLE: DIRECTOR ADDRESS: 503 FAULCONER DRIVE CITY/ST/ZIP/CO: CHARLOTTESVILLE, VA 22903	<input type="checkbox"/>	OFFICER <input checked="" type="checkbox"/> DIRECTOR
NAME: STEPHEN T MCLEAN TITLE: DIRECTOR ADDRESS: 503 FAULCONER DRIVE CITY/ST/ZIP/CO: CHARLOTTESVILLE, VA 22903	<input type="checkbox"/>	OFFICER <input checked="" type="checkbox"/> DIRECTOR			
<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; vertical-align: top;"> NAME: NORMAN OLIVER  TITLE: DIRECTOR  ADDRESS: 2421 HUNTINGTON RD  CITY/ST/ZIP/CO: CHARLOTTESVILLE, VA 22901 </td> <td style="width: 5%; text-align: center; vertical-align: middle;"> <input type="checkbox"/> </td> <td style="width: 40%; text-align: center; vertical-align: middle;"> OFFICER <input checked="" type="checkbox"/> DIRECTOR </td> </tr> </table>			NAME: NORMAN OLIVER TITLE: DIRECTOR ADDRESS: 2421 HUNTINGTON RD CITY/ST/ZIP/CO: CHARLOTTESVILLE, VA 22901	<input type="checkbox"/>	OFFICER <input checked="" type="checkbox"/> DIRECTOR
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NAME:	Rip Cathcart	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	200 Reserve Blvd. Suite 300		
CITY/ST/ZIP/CO:	Charlottesville, VA 22901		
NAME:	David Ern	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	375 Greenbrier Dr. Suite 100		
CITY/ST/ZIP/CO:	Charlottesville, VA 22901		
NAME:	Lawrence Gimple	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	1690 Hawkwood Ct.		
CITY/ST/ZIP/CO:	Charlottesville, VA 22901		
NAME:	Lee Hicks	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	2640 N. Farmington Heights		
CITY/ST/ZIP/CO:	Charlottesville, VA 22901		
NAME:	Kristin Landis	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	960 Windsor Rd.		
CITY/ST/ZIP/CO:	Charlottesville, VA 22901		
NAME:	Michael Pausic	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	1665 Garth Gate Rd. Ste. 4		
CITY/ST/ZIP/CO:	Charlottesville, VA 22901		
NAME:	Timothy Redden	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	830 Windrift Dr.		
CITY/ST/ZIP/CO:	Charlottesville, VA 22901		
NAME:	Kathy Sledd	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	1901 Emmet St.		
CITY/ST/ZIP/CO:	Charlottesville, VA 22901		
NAME:	Dennis Blank	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	CEO		
ADDRESS:	674 Hillsdale Dr.		
CITY/ST/ZIP/CO:	Charlottesville, VA 22901		
I AFFIRM THAT THE INFORMATION CONTAINED IN THIS ELECTRONIC REPORT IS ACCURATE AND COMPLETE AS OF THE DATE BELOW AND THAT I AM LEGALLY AUTHORIZED TO SIGN THIS REPORT.			
/s/ Dennis Blank	Dennis Blank, CEO	1/8/2014	
SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	PRINTED NAME AND CORPORATE TITLE	DATE	
It is a Class 1 misdemeanor for any person to sign a document, which includes this electronic record, that is false in any material respect with the intent that the document be delivered to the Commission for filing.			